

Medica® Provide-A-RideSM and Special Transportation **Exception Request Form**

To be completed by a health care provider or Medica care coordinator. Incomplete forms will not be **processed.** This is not a general-use form; please review the following policy documents prior to submitting a request:

Medica Provide-A-Ride & Special Transportation 30/60 Mile Rule Exception Request Policy

Member information	Requester information
Name:	Name:
Date of birth:	Phone number:
Medica ID number:	Email address:
Request details	
Please summarize the member's health condition(s) that warrants an exception to the transportation benefit:	
Please describe the other health care resources unsuccessfully attempted, or research completed:	
Authorization span (maximum of one calendar year):	
Anticipated first date:	End date (if less than one calendar year):
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